



00862.003008

RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2174

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

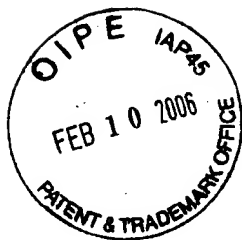
In re Application of:)	
	:	Examiner: S.P. Sax
MASAHIKO YOKOTA)	
	:	Group Art Unit: 2174
Application No.: 09/388,373)	
	:	
Filed: September 1, 1999)	
	:	
For: USER INTERFACE DISPLAY)	February 10, 2006
APPARATUS AND METHOD OF	:	
CONTROLLING SAME)	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated December 14, 2005, the Examiner
is respectfully requested to amend the above-identified application as follows:



In re Application of:

MASAHIKO YOKOTA

Application No.: 09/388,373

Filed: September 1, 1999

For: USER INTERFACE DISPLAY
APPARATUS AND METHOD OF
CONTROLLING SAME

Docket No.: 00862.003008

Examiner: S.P. Sax

Group Art Unit: 2174

Date: February 10, 2006

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

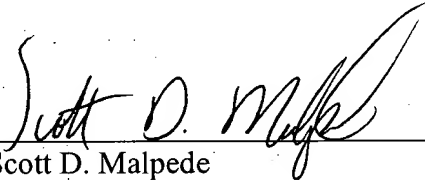
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25	MINUS	30	= 0	x \$25 \$50	\$ -0-
INDEP. CLAIMS	6	MINUS	8	= 0	x \$100 \$200	\$ -0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$ ____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Scott D. Malpede
Attorney for Applicant
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

SDM:mm

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